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## Original.

### HEREDITY IN INSANITY.

BY ROBERT H. CHASE, M. D.,  
PHILADELPHIA.

The most common of all diseases is insanity; the most common cause of insanity is heredity. In no class of disease is the transmission of a predisposition to ill health more potent or more evident than in insanity. This fact renders this subject one of the most important in the range of medical science.

The reasons for this great phenomenon are not hard to find or difficult to understand. If the mental and physical traits were not transmissible then there would be an end to all training and all development. As one writer aptly puts it:

"If the child did not inherit the result of all that had gone before, with additional power of development on his own part, all social growth would be rendered impossible. The torch of civilization is handed from father to son, and, as with the idiosyncrasies of mind, so the very body itself exhibits well-defined marks of its parentage."

Thus it is undoubtedly that there is a great fundamental law of nature that the attributes of the parent descend to the child. This seems to be particularly true of the failings, the defects, the infirmities of the parent.

There have been opponents to this proposition, particularly as regards the hereditary character of insanity. Dr. Bucknill has thrown doubts upon the importance of inheritance and has said that if insanity be so easily transmitted from parent to child, how is it that so many in a family

escape? The reply to this argument sweeps it away entirely. First, it is a well-known fact that a new generation may escape entirely, or to a large extent, from the mental taint of their progenitors, but who can be certain that the taint is actually absent and not held in abeyance? Second, the study of hereditary transmission of various parental peculiarities shows that heredity is prone to select only certain individuals in a family; take, for example, the peculiarity of the presence of an extra finger or toe. This anomaly may run for many years in a family, selecting only a few individuals, or even one alone in a generation. Third, the more obscure fact in the law of heredity that a tendency may be transmitted from one generation to the third through a second generation which may show no development in the person transmitting it. One of the most beautiful illustrations which we have of this freak of nature is seen in hemophilia, where a daughter who is not a bleeder may transmit the tendency to bleed from her father to her son.

When we become better acquainted with this subject of heredity doubtless we will find that there are well-defined principles by which mental taint is transmitted; already we know that heredity in insanity follows, to a great extent, certain definite tendencies. In this manner insanity may be transmitted direct as far as kind goes, so that the hypochondriacal patient may have a hypochondriacal child, although frequently the inheritance may be altered in form, as a maniacal parent having a melancholic or epileptic child. Another proneness of inheritance seems to be the transmission of

\* Read before the Philadelphia County Medical Society, January 23, 1895.

the tendency to take on disease under similar conditions, such as age or childbirth. Thus one family inheritance is a tendency to pass into a state of weakmindedness with melancholy at a certain period of life. Likewise instances are recorded in which mother and daughter have suffered from puerperal insanity.

In taking up the subject of heredity in insanity in as scientific a manner as our present data will allow it is well to define exactly what we mean by the term. By heredity, in mental pathology, we mean an original predisposition to mental alienation transmitted to children from their parents.

This definition becomes necessary when we come to study the frequency of the transmission of insanity, for different observers vary in their figures, due, we will find, largely to their variance in definition of heredity. For example, Marce claims that we find some antecedent in nine-tenths of all cases; Esquirol, on the other hand, found this predisposing cause in one-fourth of 1375 patients whose histories he examined. Figures of other observers vary between these extremes, due undoubtedly to the latitude allowed by the different observers in their search for previous cases of insanity in the families of the patients so afflicted. Those observers whose percentage runs very high have included almost any connection by blood, while those whose percentage is lower have limited their examinations to direct ancestors, as parents, grandparents, and great-grandparents. In this dispute the medium course in estimating the number of patients whose insanity is due to inheritance is the safer one. On examining the figures of all the various observers, it is a modest estimate to say that the figures vary between 40 and 60 per cent.

There is a nomenclature in the study of this subject which it is necessary to comprehend to follow it intelligently. Heredity, when it is attributed to parents, is immediate; when it is traced from grandparents, having skipped the parents, it is then mediate heredity. When it has existed for many prior generations it is

called cumulative heredity. It may be on the side of both parents, in which case it is called double, or from convergent factors. When it is from one parent it is simple heredity, either paternal or maternal. According to Esquirol, the latter is the more serious form of the two; it is also three times more common.

When hereditary insanity appears in the child at the time that it appeared in the parent it is called homochronous. When it appears in children before it is seen in the parent it is called anticipatory. When the hereditary taint reveals itself by a mental disorder identical with that of the parent it is called homologous; when it is modified in passing from one generation to another it is called dissimilar, or transformed. When it becomes more and more intensified by transmission it is said to be progressive; if it is alleviated by a series of fortunate crossings it is regressive.

The forms of mental alienation that are more predisposed to transmission are undoubtedly suicidal, reasoning, and the several forms of periodic insanity; while acute mania and melancholia compromise the family to a much less degree. In pursuance of this subject Dr. Regis' recent work is interesting. This observer has taken up the biological features of insane families and has developed the theory that heredity in mental alienation presents itself under three morbid types with clearly defined characteristics:

1. The neurotic, or neuropathic type, which originates in the neuroses and gives rise to neuroses and neuropathic insanities.

2. The cerebral or congestive type, originating in cerebral disorders and giving rise to cerebral affections, complicated, it may be, with insanity.

3. The vesanic type, originating in pure insanities, giving rise also to pure insanities, or vesania.

The special evolution of each of these hereditary types, according to this authority, permits to a certain extent the foretelling to what category of mental disorders the members of a family are particularly exposed.

Thus, for example, general paresis does not arise from insanity and does not engender insanity. Like the cerebral diseases, it is born of cerebral affections and gives rise to the same. It follows that general paralytics, not being descendants of the insane or producing the same, their children escape vesanic heredity, and if they are doomed to any special class of disease by reason of the general paralysis of a parent it is evidently not to insanity but to cerebral affections of all kinds. Although the biological study of the family history of the insane of these various types has but recently been touched upon by observers, yet this field is rapidly widening, and it is probable that the day is coming when it will be possible for a physician in cases of hereditary predisposition to formulate scientific rational opinions, not merely a response empirical, so to speak, made solely to reassure the interested parties.

The prognosis in hereditary predisposition in insanity is unfavorable as to permanent recovery; although it may render the likelihood of a primary recovery more probable, yet the possibility of a permanent cure is less probable. Curiously enough, some observers have claimed a higher percentage of recoveries in hereditary cases than in non-hereditary cases—in the table of the Crichton cases, where in a large number reported, the percentage of recoveries in hereditary cases was 36 per cent. to 32 per cent. in the non-hereditary. But the great mass of statistics exhibits the opposite result. Krafft-Ebing has demonstrated the fact that those cases of hereditary disease which were marked by sudden explosions of insanity the prognosis was favorable, while those which were characterized by a long incubation it was unfavorable. The Crichton cases happened probably to contain a large percentage of the former class. The great tendency of hereditary insanity is to relapse. The diagnostic value of an hereditary tendency to insanity depends largely on its degree. Thus the insanity of one parent would indicate a less degree of predisposition than that of one parent and an uncle, or still less

than that of a parent and a grandparent, or of both parents. Again, the insanity of a parent and a grandparent with an uncle or an aunt in the same line may be held to indicate a stronger predisposition than even the insanity of both parents.

The significance of the insanity of parents will depend to a large extent upon the period of its onset. The insanity of a parent occurring after the birth of a child, if it arose from a cause adequate to excite it without previous predisposition, would be held, of course, as of no value in the formation of a hereditary tendency.

The insanity of relatives farther out than parents, uncles and aunts, brothers and sisters and first cousins, is not worth anything except in corroboration of nearer and weightier facts. But the influence of other related diseases to insanity occurring in those near akin, such as eccentricity, alcoholism, epilepsy, hysteria, hypochondriasis, vicious or criminal tendencies, etc., may be of great import.

It will thus be seen that the evidence of hereditary predisposition may be of such a character as to render insanity in a patient an event in the highest degree probable; or, on the other hand, it may be so weak as to add a scarcely appreciable amount of probability to the character of the disease.

The treatment of heredity in insanity is, after all, the most important because the most practical side of the question. Of course, the most decisive way to treat this subject would be to stamp it out by forbidding the marriage of persons so tainted, but, unfortunately, as in our syphilitic and tuberculous cases, this is impossible; so our efforts must be directed to preventing the appearance of insanity in such cases, or, if impossible, of ameliorating its condition when it appears. In children of such parents method, patience, persistent command of temper, self-denying industry and much knowledge of child nature are necessary. As to choice between home and school treatment, it is impossible to decide all cases off hand. Some do better at home,

some do better at school; few will do well at home, however, where it is impossible to be strict without being stern, or to carry out the necessary discipline without setting aside the claims of natural affection. The selection of the proper person to carry out these plans of discipline is by far the most important factor in the early history of the case.

Again, a sound mind needs a sound body; and exercise, food and raiment exert marked control over the health of these children. Their lives must be a happy medium between the Scylla of over-exertion, over-discipline, over-study and the Charbydis of the antithesis of these factors.

When the child has become the man, or at least when he comes to be his own master, then is the time of greatest trial. The physical and moral storm of puberty must be encountered, and great temptations have to be met with less guidance. When the outbreak is imminent the problem arises, should the youth or man continue or stop his regular occupation? This is a question which cannot be answered without a study of the individual case. In some instances it is better for the patient to do this; in some worse. The only general rule to follow is that if the calling is attended with anxieties which weigh upon the ailing mind, it should either be given up for a time or its burden should be lightened.

Should the threatened patient travel? This is an easy solution of the problem and an error often into which many physicians fall; it is so easy to order the patient away that it is adopted with more frequency than wisdom. Change of scene may do good, but constant change of scene with its labors, vexations and trials, especially in a foreign country, may do much harm. A threatened case of insanity should not be sent to travel without guarantee that proper care and efficient watch should be provided for him. Travel should include due provision for care and protection, the right admixture of rest and fatigue, change and repose. Under these circumstances it may be a very fair thing to try.

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### THE PREVENTION OF CONSUMPTION.

At the present day, when so much is being said, both in lay papers and medical journals, concerning the contagiousness of tuberculosis, and the advisability of confining persons thus afflicted in hospitals set apart for their sole use, it may be well to note that this question is but the revival of a similar one promulgated many years ago. At that time certain rules were adopted in Italy intended to enforce the seclusion of consumptives, but, owing to their exclusiveness and absolute character, they failed to produce the effect intended.

Dr. B. W. Richardson, in the last Asclepiad, states that, although for many years a physician to a hospital for consumptives, he has never seen a case showing any ground for the theory of direct contagion in this disease. He also states that his colleague, the late Dr. Leared, who made the subject of contagiousness of consumption a special study, had practically similar experience.

While there is no ground for the theory that consumption is directly contagious, there are a few rules of considerable importance laid down by Dr. Richardson, that, if observed, so affect the human system, that the greatest results will be obtained toward the prevention of this disease.

**Rule I.—**Pure air for breathing is the first rule for the prevention of consumption.

This rule carries all others before it. No room called cosy, with the temperature at 70 degrees Fahr., with every crevice closed, and with an atmosphere in a dead calm and laden with impurities, should be permitted, either as a living-room or bed room. Every effort should be made in every household to ventilate freely the rooms in which people live and sleep. In every bed room there should be a fireplace, the chimney of which should always be open; the windows should be open during sunlight, and full circulation of air permitted. The greatest care requires to be taken that the room is free of dampness. If an indication is shown of dampness on the walls, glasses or furniture, it is a sign that the air of the room requires frequent fires. Precaution should likewise be taken that dust be not allowed to accumulate in the atmosphere of a room, and that all articles causing the gathering of dust and holding of dust, such as heavy curtains, picture frames and cornices, should be excluded. Carpets that hug the wall should always be avoided, and at least one foot of bare flooring, thoroughly varnished, should be present between the edge of the carpet and the wall. No room ought to play the double office of bed room and living room, and the bed room, in which a good third of the life is spent, should be the arist, brightest and cleanliest in the house.

**Rule II.—**Active exercise, outdoor as much as possible, is essential for the prevention of consumption.

Out door life is one of the best preventives of consumptive diseases. Walking is the true natural exercise, since it brings into movement every part of the body, causes a brisk circulation and promotes active nutrition. If distance prevents getting

out into pure country air, cycling is a very good means of attaining the benefit. On damp days, when going out is impossible, indoor movements, like calisthenics and dancing, are good, but always in the purest air obtainable.

**Rule III.—**Uniform climate is important for consumptives.

The soil should be dry; the drinking water pure; the mean temperature about 60 degrees Fahr., with a range of not more than 10 or 15 degrees on either side. Shelter from northerly winds is advisable, and residence apart from crowded populations is very preventive, as consumption is more frequently developed fatally in cities than in the country. In England the excess of the disease in cities has been found 25 per cent. greater than in the country. Climates which are equable—high and dry—give excellent results. The disease does not flourish in arctic regions, nor in such very cold regions as the Orkneys, Shetland, and the Hebrides. The disease is most prevalent at the level of the sea, and decreases according to height above the sea level. In this country it is most common and fatal in the spring months, when variations of climate are most keenly felt, and when the atmospheric changes are the most trying and treacherous.

**Rule IV.—**The dress of the consumptive should sustain uniform warmth.

The clothing of consumptive persons should not be heavy, but should cover as much of the body as possible. It should be permeable, as in porous cellular clothing, which is always coolest and warmest; and it should fit loosely on the body, so as to exclude all tight-lacing, and everything that impairs the free motion of the chest and limbs. In damp, foggy weather a porous kerchief, like a small Shetland shawl, worn as a respirator, is good.

**Rule V.—**The hours of rest should be carefully regulated by the sunlight.

Consumptive persons should go to bed early and rise early, so as to get as much as possible of the best of all purifiers and revivifiers—sunlight. The morning air is of the greatest use, and an early morning walk, even in a town, is of extreme value. The bed clothes should be light and por-

ous. Porosity is of real importance, and should always replace such tempting but unhealthy coverings as the impervious eiderdown quilt. Each person should have his, or her, own bed. It is always bad for two persons of any age to sleep in the same bed.

Rule VI.—Outdoor occupation is preventive.

The occupation of the consumptive person should be, as far as possible, out of doors. Of 515 cases of consumptive disease observed by myself 68.34 per cent. of cases occurred among persons following indoor occupations. All occupations in which dust is distributed through the air are most detrimental to consumptive persons.

Rule VII.—Amusements of consumptives should favor muscular development and sustain healthy respiration.

This rule is very important. Amusements should be out of doors as much as possible, and should not be carried to so extreme a degree as to cause fatigue. Indoors they should be carried out in a well-ventilated room, and at reasonable hours. Such exercises as bring the lungs into play without strain are good; thus reading aloud is always good, and singing may, with prudence, be carried out beneficially. Playing upon wind instruments is not advisable.

Rule VIII.—Cleanliness in the broadest sense is of special moment.

The body and the clothes that cover it should be kept scrupulously clean, and all uncleanly and slovenly habits should be avoided. The bath, tepid, or just agreeably cold, should be resorted to frequently, so as to keep the skin persistently clean. Underclothing should be frequently changed, for health will not be clothed in dirty raiment. Every act of vicious sensual indulgence should be avoided, since the grosser the sensuality the greater the physical evil arising from it. Parents and teachers in schools should especially remember this truth. In cases where consumption is developed all clothing and articles connected with the sick, and all things connected with uncleanliness, should be scrupulously removed, so that they come not in contact with other persons. It is especially urged that

expectorated matter, or sputum, from persons afflicted with consumption, should never be allowed to remain and dry, so that its particles can diffuse through the air. Handkerchiefs used by consumptive persons should be immediately removed and cleansed, or, what would be better still, pure white paper handkerchiefs, like those of the Japanese, which can be destroyed at once, should be brought into use. Spittoons should be most carefully washed and cleansed if they be used, and spitting upon the floor, or in any public vehicle, should be avoided, not only as a filthy, but as a most unsightly and unhealthy habit.

Rule IX.—Every precaution should be taken to avoid colds.

I do not remember ever seeing the commencement of symptoms of tubercular consumption without a preliminary cold. Getting accustomed to pure air, and plenty of it—getting inured, in fact, to outdoor cold—is, on the whole, a good precaution against taking cold. But sudden exposures to heat and cold, to draughts and to wet, are always dangerous. In the spring much danger arises from changing the clothes too rapidly from warm to cool suits. It is best never to overwrap the body with clothes at any season, but it is specially bad to make sudden extreme changes. It is also bad to get wet feet, or to keep on damp shoes and stockings. It is most injurious for women to wear the chest covered up all day, and in the evening to go into heated rooms with the chest, shoulders and back uncovered.

Rule X.—The diet of consumptive people should be ample, with full proportion of the respiratory foods.

With consumptive persons digestion is often capricious, since, as Dr. Arbuthnot well observed, "respiration is a second digestion." Fatty and oily foods, foods of the respiratory class, should predominate. Fresh butter with bread, if it agrees, may be taken freely, and cream is excellent; curds and cream are also excellent. Milk, when it agrees, is the best of beverages; fresh vegetables and fruits, and roasted apples are always advisable. Alcoholic drinks should be avoided altogether. Meals should never be heavy; four

light meals a day, with the food pretty equally divided as to quantity, is the best form. All foods should be well cooked, and the milk should, on every occasion, be boiled before it is taken. Mere luxurious habits are inadvisable for consumptive persons, and none more so than smoking.

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#### A PRACTITIONER THROWS UP A POLITICAL POSITION IN NEW YORK AFTER THE SHORT EXPERIENCE OF 24 HOURS.

With the advent of the new year in New York the reform administration coming in, and Tammany going out, the lately appointed heads of departments and other officials have made sweeping changes and removals in every direction.

Among others who came in for a share of the public patronage was Dr. James E. Kelley, formerly a private teacher in surgery in Dublin, later of Boston, Mass., and recently professor of surgery at the New York Post-Graduate Medical School, and visiting surgeon to Charity, Gouverneur and the French Hospitals.

Through political support he was appointed a deputy Coroner, under Dr. William O'Meagher, the Coroner, his salary being the munificent sum of \$3000 per year; the position requiring that all outside practice, hospital work, etc., be discontinued.

Naturally, the public was surprised to see a practitioner of Dr. Kelley's age and status in his profession seek for or accept a position which the best element in the profession seldom care for, and besides, providing such a small compensation; but it was said that the deputy was accepting the position rather with a view of cultivating pathology in his autopsy work than for the trifling emoluments.

As a matter of fact, however, it was well known that no deputy Coroner of New York ever materially added anything to the general knowledge of pathology, and that even if one was so disposed it would be quite impossible for him to do so and prop-

erly perform his other imperative duties.

New Year's Day came and the Doctor went to work. He held the office just 24 hours and made one autopsy. He was astounded on receiving his appointment to be directed to examine and report on "30 cases," make the necessary examinations in widely separate sections of the city, and have his report complete and ready for the next morning's sitting of the Coroner's Court.

The Doctor evidently has learned a lesson that he was not familiar with before, viz., that there are no political sinecures for medical men in New York; that for every dollar they are paid, five are earned. The sinecures, are for those who navigate the political craft, many of whom are paid more than five times what they could earn in civil life at honest plodding.

Thank fortune, however, with this year the wretched Coroner's system of New York will be abolished and the prospects are that the new one, which will replace it, will not only be a vast improvement on the old, but will assure the medical department of it, a position of dignity and respect, with the remuneration in proportion to the responsibilities and duties incumbent on its members.

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#### BEWARE OF THE IDES OF MARCH.

Undoubtedly in a general way the months of February and March are more dangerous to health than any others in the year. This is especially true of the Eastern and North-western and Northeastern sections of our country, in view of those affections which manifest themselves in the air passages. Pneumonia and influenza—so-called grip—have not been very prevalent this winter, but they have had a dreadful mortality, in those attacked. It has for a long time, been observed that after winter begins to break up, from the middle of February until late in April, that the system is more or less depressed; and, if one is prone to any special dyscrasia, it is pretty certain to manifest itself on trifling provocation, during this period. Erysipelatous in-

flammation of the tissues may assume alarming features from very slight abrasions or punctures, unless, the greatest precaution be observed to preserve the wound from irritation or cold; and in the extremities, when it once has made headway to any considerable extent, gangrene promptly follows in the tissues, exhausted by the destructive action of this violent malady.

Therefore, why in this season of the year, unless ample opportunities are afforded for the protection of our patients against exposure, and we have no assurance that the latest and most approved methods of wound treatment will be faithfully carried out, we should decline the performance of serious operations, and under all circumstances warn insepitic patients of the tendency of septic inflammation setting in, after the most trifling wound.

## Book Reviews.

### MEMORANDA AND TABLES OF HUMAN ANATOMY.

Volume I, by Justin Harold, A. M., M. D., and Sebastian J. Wimmer, M. A., M. D., with a preface by Professor J. E. Garretson, A. M., M. D. Published by the Medical Publishing Company, 718 Betz Building, Philadelphia, Pa. Price, \$1.50.

This work aims to aid the practitioner and student in easy memorization and comprehension of anatomy. It does not enter into the lengthy discourses of large text books; but in a comprehensive manner boils down the essential material in a comprehensive form.

The preface written by Professor Garretson is a strong recommendation of the little work in itself, for there are few anatomists to-day who give more careful attention to detail work than he.

For the practitioner preparing for an operation these little works are of prime importance and to the student preparing for examination they are of infinite benefit as a time saver.

## Surgery.

IN CHARGE OF  
DR. T. H. MANLEY, New York.

### A CONTRIBUTION TO THE STUDY OF TRAUMATIC DERMOID CYSTS.

By Dr. Rene Le Fort.

The study of this class of cysts is of recent date. They have received very diverse designatives. They are produced upon the growth of a particle of cutaneous integument, which has been invaginated by a traumatism into the deeper tissues. Certain regions are particularly predisposed to them. The iris and the hand are their chief seat. Stoeber, first, who described the pearly tumor of the iris, succeeding injury.

About the same time Halke described them and reported 15 cases, which he had gathered from various sources. He claimed that an injury invariably preceded and caused them.

In 1872 Rothmond came out with an essay on the subject and agreed with his predecessors on the hypothesis which they offered. And this opinion was later supported by Door male, Goldzieker and Schweinger.

They usually originate in the sebaceous follicles and contain all the epithelial elements, except hairs, bone or teeth. They are invested by the Malpighian layer of the derma and seldom contain any distinct adenoid elements. They may, in turn, undergo various changes, though they are not known to ever take on a malignant course, as many other epithelial structures do.—*Revue De Chirurgie*, 10th Dec., '95.

### HERNIA THROUGH THE MEDIAN LINE AND SYMPTOMS THEREOF.

By K. Lenoff.

This author calls attention to an important symptom, which, he alleges, is always present in hernia through the median line, that are often so small as to be confounded with hysterics unless extreme caution is observed in examination.

He says that if we place our patient on the back and make her cough, at the seat of rupture we will feel a sense of impulsion of liquid and air, quite definite in character.—*Revue des Journaux, Gazette-Heb.*, 15th Dec., '95.

#### LIGATION OF THE EXTERNAL ILIAC ARTERY.

At the Societe de Chirurgie, of Paris, held in December, 1894, M. Chauvel reported the case of an Arab child who had been wounded in the thigh by a pocket knife. It immediately resulted in a spurting hemorrhage, which spontaneously ceased, but recommenced after six hours. On admission to the hospital a compress bandage was applied and left in place for eight hours. When it was removed the clot was thrown out and the hemorrhage was again active. M. Nicot decided to ligate the external iliac, which was done without chloroform, by cocainization. Cure by second intention resulted. On the 13th day there was secondary hemorrhage, which was arrested by direct compression. Some days afterward there was gangrene of the foot, which was self-limited and the child recovered. The reporter was of opinion that it would have been preferable to seek for the divided ends of the vessel and tie them in the original wound.—*Revue de Chirurgie*, January 10, 1895.

#### ABLATION OF THE MAMMARY GLAND.

Horner gives the results obtained in 172 cases of malignant tumors of the breast treated by amputation—*Beitr. z. Klin. Chir.* Of this total number of cases, 158 were cancerous in nature. The operation itself caused 5.9 per cent. of deaths. The mean duration of life was eighteen and eight-tenths months more in these 172 cases than in those not operated upon. Horner adds that there were 17.7 per cent. of definite recoveries—that is to say, with no return of the disease after more than three years. These statistics include 14 cases of sarcoma, the average age of the patients being a little over 39 years.

Thirteen of these patients had a total of 17 operations performed; of this number there were ten recoveries, a mean of 76.9 per cent.

#### CONGENITAL HERNIA COMPLICATED BY ORCHIDOPEXY.

M. Courtier was called on the 24th of October, '94, to see a young farmer, aged 19 years, who, since birth, had a left inguinal hernia. The hernia was easily reducible, but the testicle had not descended and remained lodged firmly against the external-ring. He had, for years, worn a truss, though of late it gave him so much pain that he had cast it aside, when the hernia rapidly augmented in volume. Finally the rupture came down, and symptoms of strangulation set in, with stercoraceous vomiting. Now a kelotomy was performed. On exposing and opening the sac a quantity of mucilaginous fluid issued through, and a knuckle of the small intestine came into view, which was healthy. After widening the ring and returning the intestine, the sac was partly resected, but enough retained to cover in the testicle. This was accomplished with much difficulty, because of the numerous and firm adhesions with the elements of the cord. By moderate tension the testes was brought down and fixed in the scrotum. Two months later, though the hernia was cured, the testes had mounted to its former position.—*Soc. de Chirurg. Bordeaux*.

—Le Mercredi Med., 20 Feb., '95.

#### RESECTION AND INTESTINAL APPROXIMATION, WITH THE AID OF THE MURPHY-BUTTON MODIFICATION.

By M. Villard.

M. Villard presented a patient from the service of M. Villas, on whom had been practiced a resection of 10 centimetres of intestine for gangrenous hernia, in which suture and the Murphy button had been successfully used. The patient entered the hospital of Croix Rousse in a very grave state with a strangulated crural hernia. After the sac was exposed M. Villard came on to a coil of

intestine, in advanced gangrene. He resected the dead bowel and joined the ends with Murphy's plate. The sequellae were very simple. In the evening gas freely passed the rectum; the next day abundant fecal matter. On the sixth day there were symptoms of obstruction, which yielded to a dose of oil and the button was thrown off. Three weeks after operation patient was quite entirely cured and left the hospital. This mode of operation permits an intestinal resection, which, heretofore, was quite impossible, by the ordinary means of suture of the intestines, for the reason that shock is avoided, and we may dispense with the artificial anus in this class of cases. He had recently adopted this same procedure in a case of cancer of the pylorus, making a gastro-enterostomy in 12 minutes. It was now five days since operation, and patient was making splendid progress.

M. Villard presented a specimen from the intestines of a dog, to combat the objection against Dr. Murphy's button, on the score of subsequent cicatricial contraction, as it clearly demonstrated that the objection was without foundation.

M. Villas strongly supported the speaker and declared that this marvelous invention was of inestimable value, rendering operations, heretofore attended with great danger and quite impracticable, easy of performance, with quite certain results.  
—Le Mercredi-Med., 20 Feb. '95. Soc. des Sciences-Medicales de Lyon.

## Medicine.

IN CHARGE OF  
DR. E. W. BING, Chester, Pa.

### DISEASES WHICH MAY SIMULATE PLEURISY.

Trousseau commenced one of his clinical lectures in these terms:

Gentlemen:—"I admit that in the great majority of cases pleurisy is a very easy disease to diagnose; however, there occur cases in which, while all signs of pleurisy are present, yet the autopsy shows some

other affection to be the cause of death."

In support of this assertion the author proposes to group rapidly some of the diseases which may expose to these mistakes. Frequently signs of pleurisy with effusion are united in such manner as to render errors excusable. After a review of the thoracic organs, pleura, lungs and mediastinum, he reviews those of the liver and kidneys.

Diseases of the pleura simulating pleuritic effusion are rare. Excluding hydatid cysts, which are only differentiated from those of the lungs by their more considerable size, M. Autria has only found one observation published by Oulment which bears on the subject. It occurred in a man attacked with a cartilaginous degeneration of the pleura, in whom the symptoms, dulness, souffle bronchophony, abscess of vibrations were too clearly marked to permit anyone to think of anything else but pleurisy. But at the autopsy in this case there was no trace of liquid.

#### (b) Diseases of the lungs.

In the first place spleno-pneumonia requires consideration. This is, according to Graucher, a pulmonary congestion resembling in symptoms pleurisy. It occurs usually after a chill. The physical signs are those of a large effusion. In face of these signs others which might lead to a diagnosis are few; further, an effusion may in fact accompany spleno-pneumonia. The diagnosis between pleurisy and frank pneumonia is usually easy, but in pneumonia with bronchial obstruction, when the expectoration is wanting, it is only by the thermometer that the distinction can be made. Hydatid cysts may be mistaken for pleurisy, especially in the later stages, when the lung is crowded against the spine and the cyst gives the dulness in percussion—the absence of respiratory murmur and the dilatation of the intercostal spaces, and sometimes the displacement of the heart. The bursting of the cyst into the bronchi is frequently the first intimation of an error in diagnosis. Cancer of the lung has often been confounded with pleurisy and the reverse.

(c) Diseases of the mediastinum. Cyst and aortic aneurism have both been considered as cases of pleurisy.

(d) Diseases of the liver.

Dolbeau in 1886 pointed out the tendency in hydatid cysts of the liver to encroach on the thoracic cavity, reducing the volume of the lung to one-quarter of its normal extent. The only means of avoiding error consists in a careful tracing of the limits of the dulness. Cancer of the liver and peribronchial ganglion have been diagnosed as chronic pleurisy.

(e) Kidney diseases. A case of perinephritic abscess is described by Lafaille in which the dulness on the right side of the chest—absence of vibration so marked pectoriloquy, etc., were so clear that a diagnosis of pleurisy was made.

Two of the most important signs of pleurisy, the disappearance of Traube's space and egophony merit further notice. At the lower part of the left chest is a region in which the percussion sound is tympanitic. This is semilunar in shape. It is limited below by the edge of the rib, above by a curved line whose concavity is directed downwards. The space thus formed commences in front below the fifth or sixth costal cartilage, and extends behind along the chest as far as the anterior extremity of the ninth or tenth rib. Its greatest size is from three to three and one-half inches. Traube thought he had found in pleural effusion the only means by which this space would be obliterated, but it may also be brought about by pleuro-costal adhesion, as Jacond has proved. Lacunec considered egophony as pathognomonic of pleural effusion, but pulmonary congestion may give rise to it. The egophonic character which bronchophony assumes under the influence of pleuro-visceral adhesions producing alterations in the voice and in its timbre are remarkable. The distribution of the effusion is dependent on the combined action of gravity and capillarity. The limit of dulness anteriorly is generally obliquely upwards and outwards, convex above when the patient is lying, more horizontal

when sitting and taking a direction perpendicular to the spinal column when lying on the face. The highest point of dulness posteriorly is found equidistant between the shoulder and spine. The displacement of the upper level of the pleuritic liquid is so frequently seen at the commencement of the effusion that it may be considered as pathognomonic. It should be looked for, anteriorly near the sternum, posteriorly on a perpendicular line equidistant between the shoulder and spine. It is more considerable when the cavity contains air as well as liquid. The lower limit is less frequently displaced.—Annales de Med.

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#### STUDY OF TEMPERATURE DURING ETHERIZATION.

During the whole process the temperature is lowered. The depression shows oscillation much more marked at the commencement. During the first hour it varies between 2 and 2 1-2 degrees. In the second hour it is about the same (a few tenths lower). The depression is continued during the anesthetic sleep. At the moment of waking it begins to rise, following an inverted curve. The depression is greater in etherization than in chloroformization, probably due to a marked vaso dilatation in the former case. The face of persons etherized is almost always congested. Chloroform, on the contrary, produces a vast constriction, as seen in the pallor of chloroformed persons.—Progress Med.—E. W. B.

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Dr. Vetten has recommended iodide of potassium as a specific in pneumonia. The drug should be given in large doses during the first 24 hours following the commencement of the disease.

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For acne the following is recommended:

R. Sulphur sublim.	.....	7 grms.
Naphthol B.	.....	2 grms.
Storax ointment.	.....	2 grms.
Fresh lard.	.....	50 grms.

Rub in every night for a week. Omit a week and repeat. Cure is usual at the end of a week.

## Electro-Therapeutics.

IN CHARGE OF

DR. S. H. MONELL, New York.

### A PLUNGE INTO ELECTRO-THERAPEUTICS.

#### THE WISDOM OF EXPERIENCE.

"There is a tide in the affairs of men which, taken at the flood, leads on"—to experience! When Doctor Holmes was confronted by the problem of perfecting himself in electro-diagnosis without a slow vibrator and single contact key he stood for the moment at the parting of the ways. There were two courses open to him. He could go on spending money to increase his outfit, or, he could stop!

In the latter case he foresaw that he would never become a finished electrician and others would pass him in the race of progress. His practice was already increasing. His fame was spreading in his community. His battery made quite an impression upon his office patients, and when he took it out to treat a bedside case he was observed by all observers. Mrs. B.—and others were beginning to tell about the wonderful things electricity had done for them and he felt that it would be a mistake to stop. Yet, should he plunge deeper? If so, how? His scientific apparatus had accumulated until he now possessed the following electrical appliances: One 16-cell combination galvanic and faradic battery; one pair of cords, handles and sponge electrodes; one set of copper electrodes, with special handles; one milliamperemeter and one bipolar electrode.

Reviewing these again with increasing professional pride he recovered some of the confidence he had lost when he sought in vain for the "slow vibrator," and concluded that after all he pretty nearly covered the ground. If he found in time that he really needed a few extra things he would buy them. An epidemic of tonsillitis shortly prevailed in his neighborhood, and among current medical literature on the subject the follow-

ing, by the merest accident, came under his eye: "Treatment of Acute Tonsillitis With the Electro-Cautery."

"Dr. K.—, at the State Medical Society, cited several cases. No. 1. Mr. G.—, commercial traveler. Both tonsils very much swollen. Was subject to similar attacks. Cauterized each tonsil three or four times. Pain disappeared in two hours. No recurrence.

"No. 2. Mrs. L.— Severe attack, each tonsil was punctured three or four times. Pain ceased in two hours.

"No. 3. Miss W.— Pierced each tonsil four or five times with the galvano-cautery. Pain stopped at once. The doctor employed a "cherry-red" heat. He carried the curved electrode from one-half to two-thirds of an inch into the crypts."

On reading this Dr. Holmes was convinced that he must keep abreast of the times. He at once went to his desk and wrote Messrs. Blank & Bank, dealers:

"Gentlemen:

"Please send me by return post a curved electrode. Also please inform me how to do electro-cautery work with your 16-cell galvanic and faradic combination battery, which I purchased recently. An early reply will oblige, etc."

He bought a little alcohol lamp, such as jewelers use, to heat the electrode cherry red, and while waiting instructions turned his enthusiasm in things electrical again to gynecology, neuralgia, paralysis, rheumatism, etc.

A long article in the medical column of a New York daily paper, on "The Removal of Superfluous Hairs by Electricity" also fascinated him, and he determined to acquire the technique later on.

He presently heard from the manufacturers in reply to his letter about cautery work:

"Dear Doctor:

"We can furnish you our improved electro-cautery apparatus for from \$35 to \$60. This battery is intended for eye, ear, nose, throat and all general cautery work, and is capable of heating the largest electrodes or a loop of any required size. Please state what 'curved electrode' you

wish, as we have various forms, both for genito-urinary, laryngeal and other work. If you are in need of curved sounds we would advise you to buy an entire set. Thanking you for your esteemed order, which we will forward promptly on receipt of your reply, we remain, etc."

Indeed! \$35 to 60! An entire new battery needed! What could this mean. When he first ordered his original \$15 faradic battery he read in some paper by a prominent author that fully 80 per cent. of all cases were treated by faradism. When he afterwards purchased the combination, he supposed, of course, that the galvanic side of the apparatus was for the purpose of treating the remaining 20 per cent.; and now he was calmly informed that he must buy an additional affair which he knew nothing whatever about, and never dreamed existed! His wife said, however, that it would be too bad to have to tell people that he couldn't treat their tonsillitis just because he hadn't known about the right kind of battery, and as it was the only thing he lacked to make him a complete electro-specialist, she thought he had better buy it. Her sage advice prevailed and it was ordered.

Four years went by. It is not my purpose to relate the entire history of experiments, expenses and experience that developed Dr. Holmes at last into a practical electro-therapeutist. He had intelligence, ingenuity and perseverance, and these qualities brought him a good measure of success. He even became an authority! and was consulted in various electrical matters, upon which he gave sage advice.

The son of an old friend recently asked him how he could learn to use electricity in his practice. This was the substance of his reply:

"First, make yourself a skilled physician; then study the physics, physiology, mechanics and chemistry of medical electricity; then seek practical instruction in the technique of applying its general principles to the treatment of patients, and finally buy your outfit. Get experience and knowledge first and buy last. Don't do as I did, and buy first. Before I

knew a rheostat from a megohm and was absolutely ignorant of the difference between a galvanic and a faradic current I plunged headlong into what I thought was electro-therapeutics, but which was simply electro-foolishness. Don't do anything like this. Don't waste your time and money, but begin in a sensible way." "Now," continued the Doctor, "when I bought my first battery I paid \$15 for it. My ambition soon outgrew such a small affair and I invested in a 'combination' for \$38. I measured its merits by the cost and size, and supposed it was two and one-half times better than No. 1. It took me a year to find out my mistake. The galvanic side lacked meter, interrupter, rheostat and sufficient E. M. F. The faradic side lacked everything. It was not a therapeutic apparatus at all, and deserved only to be skillfully poised on the threshold of my backyard and kicked into the ash heap. I tried to supply deficiencies by ordering extras, but my knowledge was too limited to select properly, and the collection I made was for the most part obsolete and worthless. For instance, a bipolar electrode I ignorantly purchased, and with equal ignorance tried to use, was so big, clumsy and wide between the poles that it would fit nobody with a less capacious pelvis than a brawny dispensary rounder with fourteen children. I bought a milliamperc-meter that registered 250 ma., when a standard Weston instrument registered 100 ma., and which had to be tapped and shaken when in use to get the needle to move. Let me give you a little wholesome advice. If you wish to acquire skill in the use of electricity don't set about it alone and don't rely on what you find in text books. First take a course of instruction in some one of the post-graduate clinics, where electro-therapeutics is practically demonstrated. Attend all the lectures and observe the clinical work. Begin to read everything you can find on the subject. If you can induce a reliable expert to take you as a student for a couple of months, do so, no matter what it costs. It will pay you in the end. As there are various branches of electrical work

in which special technique is employed—for instance in genito-urinary and gynecological practice—you should obtain a short course of practical instruction in each. When you have devoted about six months to an apprenticeship of this kind you will have laid the foundation for ultimate success. You will now find that you can weed out obsolete and untrustworthy matter from your reading and you will be able to choose whom to follow and whom to avoid.

"While you are doing this you should be getting acquainted with all kinds of apparatus and be able to know good work from bad. In this field there is hardly any middle ground. Either an electrode, meter, battery, etc., is properly made and reliable, or it is worthless.

"Remember that a high price is no guarantee of a high grade of quality. A polished cabinet costing \$200 may be less satisfactory than an apparatus costing much less. When I bought my 'combination' I thought it was a fine idea to have both galvanic and faradic currents in the same box; but, fortunately, my error was made on a cheap scale.

"I should have had a galvanic switchboard put on the wall in my office, convenient to my operating table, and at least 40 good cells stowed out of sight on shelves in a corner. Faradic coils were not then perfected as they are now, and you can now get a portable faradic battery with such a variety of coils and improvements that with it you can do every class of therapeutic work within the range of induction coil currents. No cabinet includes such a battery, and you should buy it separately.

"Where you buy is also quite as important as what you buy. There are various jobbers, wholesale druggists and dealers in sundries who sell cheap 'family' batteries, etc. As they are not electricians and have no judgment as to therapeutic needs in this line it will not be wise to patronize such houses. Nor will it be satisfactory to buy in advance of your requirements.

"You will get tired if you buy every new thing offered you until you find that you really need it.

"Probably the most important thing for you at the start is to select the right firm to trade with. A manufacturer may be honest, but that don't necessarily make him understand his business, and you only wish to deal with men who understand their own goods and know how to make them properly. If you are handy with tools you can learn to adapt and extemporize many little appliances so that you will not need to collect a great lot of costly electrodes. Just a word I omitted about therapeutic applications. You will find that out of every dozen authors more than half of them disagree, and if you attempt to commit to memory all the minor details recommended by each you will be swamped in the midst of confusion. Don't try to remember that in one specified disease the positive pole is used while in another the negative is employed. Ground yourself rather in the action of each pole and the effects of each variety and strength of current. Know just what action you get with the different coils of long, or medium or short wires, and in the sizes used by leading makers. Familiarize yourself also with the relation between different resistances and the current effects through them. When you are master of these general principles the path to successful work is open to you and you can continue to learn with greatly increased facility, and the more you practice the more you will learn. I remember," concluded Dr. Holmes, "when all I knew about electricity was that it would contract muscles. Some added to this the remark that 'it would amuse the patient.' In 1889 the ablest consulting diagnostician in New York was accustomed to say to his classes of 400 or 500 medical students that 'electricity was better for the physicians' pocket than for the patient's health.' The prejudice spread against this agent by his statements alone must have been enormous. With my present views of the actual merits of medical electricity I need not express any opinion of the attitude towards electro-therapeutics displayed by a few 'great men.' Electricity is a wonderful force. It has wrought an admitted revolution in the field of me-

chanics. I believe that it has possibilities quite as wonderful in the field of medicine. If this is not generally admitted it is due largely to a single fact. In mechanical uses of electricity, methods, instruments, etc., bear a comparatively exact relation to results. Given proper apparatus a hundred different workmen will each be able to produce about the same results, but in medical uses of electrical currents we are not only met by the fact that medicine is not an exact science, but also by the additional uncertainty of 'personal equation' among physicians. Electro-therapeutics will be whimsical a little while longer, until antiquated, inferior, imperfect, defective, inadequate and worn-out batteries cease to be in general use among us, and improved, high-grade therapeutic apparatus and a common basis of procedure take their place. A manufacturer must keep up with progress or competitors will make goods better and cheaper than he and outsell him, but a doctor will cling to an old electro-magnetic junk shop machine that he has had for 20 years, and because it won't give out a high tension current he takes no stock in such new-fangled fads anyway, but plods right on in his narrow self-satisfied routine. If we could call before us a vision of the several thousand batteries in alleged use—the accumulated output of probably a hundred makers during a generation of time—what a spectacle we should behold! If we could also witness the thousand and one methods of go-as-you-please application we should cry out in protest against such vaudeville performances claiming to have any part in the grand science of electro-therapy.

"Weed out dilapidated, by-gone apparatus, stop buying coarse and cheaply-made goods that have no real therapeutic value. Buy none but the best, strive towards scientific uniformity in the use of improved methods, accurate dosage and clinical records, follow the inspiring lead of the ablest pioneering genius in this field to-day; beware of the misleading electrical literature of the past, master sound principles and continuously develop your technique,

and you will possess not merely a single curative agent of inestimable value, but a whole arsenal of weapons, capable of being directed with infinite skill against an ever-increasing variety of morbid states, and constituting, without doubt, the most important ally yet discovered to the still insufficient resources of *materia medica*."

At this moment the Doctor was called to treat an interesting case of sciatica with static sparks, and conversation came to an end.

S. H. MONELL, M. D.,  
44 West Forty-sixth street, New York.

## Therapeutics.

IN CHARGE OF  
Dr. LOUIS LEWIS, Philadelphia.

### THE ACTION OF SALOPHEN IN PAINFUL AFFECTIONS, NEURALGIAS, CEPHALALGIAS, ETC.

BY DRs. DE BUCK AND VANDERLINDEN.

The anti-rheumatic effect of Salophen, especially in acute articular rheumatism, has been demonstrated by various authors, but less has been written with regard to its analgesic effect. In our opinion the uncontested efficacy of Salophen in this direction has not been sufficiently elucidated, although numerous articles in recent times have reported excellent results from the remedy in the extensive domain of nervous, painful affections, such as cephalalgia, hemiplegia, neuralgias, pleurodynia, neuritis. We have attempted, therefore, to make a closer study of this subject. What induced us especially to test Salophen in the treatment of such affections was, aside from theoretical considerations, the unreliability of the anti-neuralgics and analgesics in common use.

We have treated with Salophen 23 cases of various nervous affections attended with pain. Of these 17 were completely cured, two improved, and only four not perceptibly relieved. Among these 23 cases, favorable re-

sults were obtained twice in three cases of cephalgia, once in two cases of sciatica, in three cases of odontalgia, in six out of seven cases of facial neuralgia, in three of four cases of lumbo-abdominal neuralgias, in one of two cases of intercostal neuralgia, in one of two cases of pleurodynia.

We will confine ourselves here to a summarized report of a few of our observations, which seemed to us of especial interest, because they permit of a comparison of the analgesic properties of Salophen with those of other remedies of this kind.

Case 1. Miss T., aged 56; facial neuralgia, which had resisted treatment with aconitine, quinine, antipyrine internally and in subcutaneous injection. We ordered:

Salopheni ..... 8.0 gm.  
Div. in part, aeq. No. VIII.  
Sig. Four powders daily to be taken  
in milk.

One hour after taking the second dose a remarkable alleviation of the pains occurred, which disappeared completely after the third dose, and failed to return on the following day. The patient considered himself cured and discontinued the remedy, but on the third day the pains returned. The administration of Salophen 1.0 gm. again produced rapid relief, and after five days' use of 2.0 gm. pro die no recurrence took place, when the remedy was discontinued.

Case 2. Domestic, aged 59; menopause one year. Since then has suffered from trigeminal neuralgia on left side, which is sometimes so violent as to compel her to keep in bed. Mental state much depressed in consequence. A physician proposed extraction of several teeth. We saw her November 18, 1894, during a severe attack, which had lasted almost the entire day, and ordered:

Salopheni ..... 10.0 gm.  
Ft. Dos. No. X.  
Sig. Five powders daily.

She was ordered to take three powders during the evening, and at our visit the following morning found that she had gone out to make some purchases. The pains had entirely vanished.

Case 3. Female, aged 37; lumbo-sacral neuralgia. Symptoms of mark-

ed nervousness. Patient had consulted several physicians who had administered such remedies as bromides, iodide of potassium, phenacetine. We ordered four powders of 1.0 gm. each of Salophen daily. Two days later patient returned completely restored and freed from pains.

Case 4. Ph. DeB., aged 52, laborer; lumbo-abdominal neuralgia. Complains especially of pains in scrotum and testicle. After having tried without success several anti-neurals he consulted us and we ordered Salophen, four powders of 1.0 gm. each, daily. Complete cure in five days.

Case 5. Miss E., aged 40, suffered from time to time from violent headaches of uncertain origin. At first the attacks could be relieved by antipyrine, but this soon lost its power. A dose of 1.0 gm. Salophen, however, always afforded relief. After four doses of 1.0 gm. a cure resulted in the course of five days.

Case 6. Antoinette H., suffered from a severe intercostal neuralgia which had resisted the administration of various anti-nervines. Salophen 3.0 gm. in three doses at intervals of two hours, afforded relief of pains. The improvement was but temporary; the disturbances recurring regularly three or four days after remedy was discontinued. Resumption of drug was always followed by favorable though transient results. As patient requested radical cure, resection of the nerves was performed.

Case 7. Lumbo-abdominal neuralgia due to excessive bicycle riding. Patient H. M., aged 38, has already taken, without success, quinine, phenacetine and antipyrine. Under use of massage, douches, vesicants and the actual cautery some improvement, but no cure had resulted. Salophen, 4.0 gm. pro die produced cessation of pains in three days.

We regarded it as superfluous to report other observations, since the ones cited prove the value of Salophen as an analgesic. We would remark in this connection that these results were obtained from the administration of comparatively large doses (at least 3.0 gm. daily). Our

first experiments taught us that we must often resort to such doses in order to attain a really good effect. This explains the failures that have been experienced by some observers.

It is not necessary, however, to always employ such large doses; frequently doses of 0.75 and even 0.5 gm., repeated once or twice, are sufficient to alleviate the pain, if not to effect a complete cure of the neuralgia.

In some cases of odontalgia especially we have observed relief under the influence of small doses.

Case 8. Phar. DeJ., aged 37, suffers from toothache, which occurs in frequent and violent attacks. Two doses of 0.5 gm. Salophen afford prompt relief.

Case 9. Female, aged 32, odontalgia. Disappearance of pains after three doses of 0.75 gm.

Case 10. Seraf. Vanderm, aged 45, toothache. Pains alleviated by two doses of 1.0 gm.

We regard ourselves, therefore, warranted in the conclusion that Salophen possesses an undoubted anti-neuralgic and analgesic effect. This action frequently is manifested only from doses of 3.0 gm. and more pro die. Occasionally, though quite rarely, smaller doses suffice.

The use of this remedy is unattended by disagreeable after-effects or disturbances of the stomach or intestinal canal. It is readily taken on account of its freedom from taste or odor. We are convinced that given in doses sufficient to produce a cure or at least improvement Salophen is perfectly innocuous, and we would recommend it in neuralgias, cephalgia, as well as in other painful nervous affections.—Allg. Med. Centra-Ztg, No. 1, 1895.

#### NOTES ON HYPNOTICS.

J. E. McCRAIG, PROVIDENCE, R. I.

Among the older medicaments perhaps no class gave less satisfaction than the hypnotics. Opium and its salts, when given in safe doses, are unreliable as sleep producers, chloral is dangerous especially in those cases where its hypnotic ac-

tion is most urgently desired, where the heart muscle is deteriorated by the strain of long-continued insomnia and lack of nourishment. Both are undesirable for their tendency to habituation. Hyoscine often fails and is always dangerous. The bromides are not sufficiently powerful to be of great practical use, and their depressing effect when long continued makes them undesirable. The newer drugs of this class have given better satisfaction, and although the literature of Trional and Sulfonal is fast becoming quite extensive, the following notes of cases may not be without clinical interest. They are selected from a number of cases in which these drugs were exhibited as showing the results under different conditions.

Case 1. A. M., female, age 23, Irish, acute delirious mania; temperature 103 degrees Fahr., pulse 130, respiration 30; tongue brown and dry, teeth covered with sordes; intense motor excitement; incoherent. Had been given morphine and hyoscine hypodermically to produce sleep, but unsuccessfully. Had slept but one hour in the last 70. Given Sulfonal 1 drachm in hot whisky at 9 P. M. Next morning was quieter, after having slept three hours. Temperature 100 degrees Fahr.; pulse, 120; respiration, 25. Sulfonal repeated at 9 P. M., after which she slept five hours. This treatment, together with stimulants, tonics, etc., was continued for 30 days and she eventually made a good recovery. After the first dose the urine was retained, requiring the use of the catheter for three days.

Case 2. C. B., female, age 74, American, chronic melancholia. Temperature and respiration normal; pulse, 80; arteries atheromatous, urine normal. Had been taking nightly doses of chloral gr. xl. for 12 years. Became agitated and chloral failing when given in reasonable doses, was given Sulfonal gr. xxx, which gave eight hours' good sleep. This was continued for three months, during which she improved physically, though no mental change was manifest. At the end of that time Trional was substituted in 30-grain doses, which were gradually

reduced till six months later she slept fairly well on 7 grains nightly. In this case also the urine was retained, requiring catheterization for 48 hours after the first dose, the drug being continued.

Case 3. S., female, age 57, American, acute melancholia. Attempted suicide by opening the left radial artery with a pen during the night and bled to syncope. Twelve hours later went into a condition of frenzy, biting, scratching, tearing off her clothing and attempting to injure herself and all about her. At this time the pulse was imperceptible at the radial. Was given Trional gr. xl. in hot whisky by the nasal tube, and as she was still violent was given 10 grains more in 15 minutes. Was asleep in 15 minutes after the second dose. Slept 18 hours and awoke quieter. During her long sleep she was awakened to take nourishment once, immediately dropping off to sleep again. At no time were there any untoward symptoms. She finally made a good recovery mentally and physically, Trional being given as required to produce sleep.

Case 4. C. S., female, age 17, American, acute delirious mania. Temperature 102 degrees Fahr.; pulse, 130; respiration, 30; tongue dry, brown and cracked; sordes in the mouth, herpes on lips. Had neither food nor sleep for three days before admission. Given Trional gr. xl. Slept three hours. Following night slept five hours on the same dose. On the third night the dose was reduced to 30 grains, on which she slept six hours. The drug was gradually reduced to 10 grains nightly, with which she got a good night's rest. She is now convalescent.

Case 5. A. M., female, German, age 43; acute mania. Temperature 99; pulse, 100; respiration normal; mitral regurgitation, compensation fairly well maintained. For insomnia was given morphine hypodermically without satisfactory results. On account of the cardiac condition Sulfonal was given cautiously, the initial dose being 20 grains. The first two nights the patient slept very little, but on the third slept all night. This condition was continued for a month, the heart being carefully watched,

but no ill effect was observed. She became chronic and died two years later.

Case 6. M. J. F., female, aged 47, American. Sane approaching climacteric. After an attack of dysentery suffered from insomnia, which was assigned to domestic anxiety. Derived good effect from nightly doses of 15 grains of Trional, and upon attaining a better frame of mind a month later abandoned the use of the drug without any trouble.

Case 7. W. M., male, age 32, American, druggist; family history of phthisis. Patient suffered from indigestion and insomnia, aggravated by business worry. After a sleepless night took 15 grains of Trional at 2 P. M. and attempted to sleep. Half an hour later took 15 grains more and was asleep in 15 minutes. At 7 P. M. he was awakened and though feeling some giddiness and slight nausea attempted to do his usual work. When seen at 9 P. M. he had been vomiting, face cyanotic, extremities cold, perspiration profuse, temperature sub-normal, pulse 120, very small and weak. Consciousness was unimpaired and the patient complained of nothing but nausea and cold. He was treated with stimulants. Strychnine and nitroglycerine hypodermically and warmth externally. He soon rallied and slept comfortably all night. He was confined to bed for three days, complaining of nausea upon trying to rise. For some time subsequently he complained of irritability of the bladder and traces of sugar, and largely increased urates were found in the urine.

It will be noted that in Cases 1 and 2, in which Sulfonal was given in somewhat large doses, retention of urine followed the first dose. My former colleague, Dr. Charles B. Mayberry, of the State Hospital for the Insane, at Danville, Pa., has kindly furnished me with notes of a case of maniacal excitement occurring in a paretic dement of one year's standing, in which two one-drachm doses were given upon consecutive nights. After the second dose the urine was retained and had to be drawn by catheter. In this case, as in one of the former, the urine was normal in quantity and

character. In one it was ammoniacal. None of these patients presented histories of retention and they have since had no trouble. I have not been able to find any reported cases of this trouble following the use of Sulfonal, but in all these cases we were able practically to exclude any other causation.

In Case 7 the ill effects in some measure are due to the interruption of sleep. I have never observed anything similar following the use of Trional in other cases and I have used it quite extensively both in sane and insane patients.

It is but fair to state that in the cases quoted I have included all those in which I ever observed any ill effects from these drugs and omitted as lacking in interest these routine cases in which they were a source of comfort both to patient and physician. In my opinion we have in Sulfonal and Trional, but especially in the latter, many of the qualities which go to make the ideal hypnotic, reasonable safety, reliability and freedom from unpleasant after-effects and the tendency to habituation.—Medical and Surgical Reporter, Philadelphia Pa.

## Miscellany.

### PHILADELPHIA DENTAL COLLEGE BANQUET.

The faculty of the Philadelphia Dental College gave their annual banquet to the graduating class and invited guests on Wednesday evening, March 6. The menu was one of the best served at the college in many years. After dinner speech-making was indulged in for an hour or more, as is usual on these occasions, Dr. J. E. Garretson acting as toast-master.

### THE GARRETSONIAN COMMENCEMENT.

The annual commencement of the

Garretsonian Society was held on the evening of March 5 in St. George's Hall, Philadelphia.

This society was established in 1892 for the purpose of scientifically advancing the knowledge of philosophy, and since that time has become a very large and flourishing organization.

The exercises consisted of a fine musical program, and an address by Dr. H. C. Boenning, professor of anatomy. Diplomas were presented to 100 graduates of the society.

During the winter months regular weekly meetings are held on Tuesday evenings in the amphitheatre of the Medico-Chirurgical College, lectures being given by some of the most eminent philosophers, preachers and thinkers of the day. The society is a great help to the students of the Philadelphia Dental College and others, contributing in no small degree to the success of that institution.

### COMMENCEMENT AT THE PHILADELPHIA DENTAL COLLEGE.

The 32d annual commencement of the Philadelphia Dental College was held Thursday evening at the Academy of Music, before an audience that completely filled the auditorium. The front of the stage, which was almost completely hidden by bouquets, wreaths and baskets of flowers, was draped in red.

Hassler's orchestra played several selections before the procession, composed of the faculty and students, led by the president of the Board of Trustees, ex-Governor General Beaver, and the dean of the college, Dr. James E. Garretson, entered from the rear of the stage, which was the signal for prolonged applause. The graduates were dressed in the customary cap and gown, but the yokes of the latter were for the first time bordered with a ribbon of old gold and olive green, the college

colors, which considerably enhanced the picturesqueness of the attire.

The exercises were opened with prayer by the Rev. S. D. McConnell, after which Dr. Garretson called the roll of graduates, who took up their position in front of General Beaver as their names were called in lines of 28. The first line had two lady graduates among its number and each of the succeeding three lines had one.

General Beaver then conferred on them the degree of doctor of dental surgery, by presenting them with their diplomas, which he said enrolled them in an honorable profession that was making gigantic strides in the march of science, that would be reflected on their future work in the same proportion as their love for their adopted calling. The General, in addressing each line of graduates, gracefully commenced by addressing himself to the ladies first and then the rest of the class before him.

The address was delivered by Professor Stellwagen, who said: "Class of 1895, the faculty extends to you, with their whole hearts, the free fellowship of professional brotherhood, and welcomes your advance into this more perfect association of fraternal interests in a common and naturally profitable life communion." The speaker then invited their attention to the grave and serious accountabilities and high and ennobling duties they had so conscientiously assumed by the acceptance of diplomas conferring the doctorate upon them. A document thoroughly complete, legal and universally reverenced; a license to practice the important and glorious specialty of the science and art of healing.

"Fail not, however, to remember," said Professor Stellwagen, "that you have within your grasp, as the result of unselfish devotion to the highest interests of your calling, possibilities which money by millions could not purchase. Your pole star for navigation of life's tempestuous sea is spotless professional character."

The valedictory was delivered by Dr. George Fulton Taylor, of Massachusetts.

#### BOVINE TUBERCULOSIS.

The Joint Committee on Agriculture and Public Health of the Massachusetts Legislature, which has in charge the matter of the suppression of bovine tuberculosis, is reported to have agreed that the cattle commission is to be granted \$150,000 for the completion of its work, instead of the \$212,000 asked; that the farmers are to receive as compensation for tuberculous cattle the full value of a healthy animal; that the State shall pay all quarantine expenses after seven days, and also pay for all carcasses condemned as tuberculous at the slaughter house. As the cattle are ordered to quarantine by local inspectors not responsible to the State Commission, and as owing to the smallness of the appropriation the force of the commission will have to be reduced, so that it will be impossible to make all tests within the seven days of quarantine at the farmers' expense, it is feared that if this bill becomes a law it will result in very heavy expenses to the State. With regard to paying for tuberculous carcasses at the slaughter houses, what reason is there that the State should pay for them, any more than pay for other food unfit for use? And what has the payment by the State for meat condemned as tuberculosis to do with ridding the State of tuberculosis among live cattle? Surely, this bill, if passed, will be framed to give the farmers and cattle-owners something for nothing—in fact, pay them for allowing the favor to be done them of purifying their herds. It would be a profitable business for farmers to import tuberculous cattle purchased at their real value outside the State and sell them to the State for ten times their real value.—*Boston Medical and Surgical Journal.*

**A State Examination in Georgia.**  
—The new law providing for a State Board of Medical Examiners (really, three boards—regular, homoeopathic and eclectic), went into effect on January 1.